

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Doct 1 Number

HITA.0123

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| | | |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS | 20 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 20 minus 20 = | 0 |
| INDEPENDENT CLAIMS | 3 minus 3 = | 0 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

| AMENDMENT | CLAIMS REMAINING AFTER AMENDMENT | (Column 2) | | (Column 3) |
|--|---|---|------------------|--------------------------|
| | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | |
| Total | 20 | Minus | 20 | = |
| Independent | 3 | Minus | 3 | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | <input type="checkbox"/> |

SMALL ENTITY
TYPE

| | |
|-----------|--------|
| RATE | Fee |
| BASIC FEE | 370.00 |
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL | |

OTHER THAN
SMALL ENTITY
OR

| | |
|-----------|--------|
| RATE | Fee |
| BASIC FEE | 740.00 |
| X\$18= | |
| X84= | |
| +280= | |
| TOTAL | 740 |

OTHER THAN
SMALL ENTITY
OR

| | |
|--------------------|------------------------|
| RATE | ADDI- TIONAL FEE |
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL ADDT. FEE | |

| AMENDMENT | CLAIMS REMAINING AFTER AMENDMENT | (Column 2) | | (Column 3) |
|--|---|---|------------------|--------------------------|
| | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | |
| Total | * | Minus | ** | = |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | <input type="checkbox"/> |

| | |
|--------------------|------------------------|
| RATE | ADDI- TIONAL FEE |
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL ADDT. FEE | |

| AMENDMENT | CLAIMS REMAINING AFTER AMENDMENT | (Column 2) | | (Column 3) |
|--|---|---|------------------|--------------------------|
| | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | |
| Total | * | Minus | ** | = |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | <input type="checkbox"/> |

| | |
|--------------------|------------------------|
| RATE | ADDI- TIONAL FEE |
| X\$ 9= | |
| X42= | |
| +140= | |
| TOTAL ADDT. FEE | |

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.